

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: ) Confirmation No.: 8141  
David CHRITON )  
Serial No.: 09/655,295 ) Examiner: L. Baranyai  
Filing Date: September 5, 2000 ) Art Unit: 2665

For: M-TRIE PLUS: EXTENDED TRIE BASED PACKET LOOKUP PROCESSING

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Reply to Office Action in the above identified application.

Also attached: 3 Sheets of Replacement Drawings, Information Disclosure Statement,  
PTO Form 1449, 1 cited reference, fee transmittal.  
 Return Receipt Postcard.

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The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	39	26	13	\$18.00	\$234.00
Independent Claims	6	2	3	\$86.00	\$258.00
Multiple claims newly presented					\$0.00
Fee for extension of time					\$
TOTAL FEE DUE					\$492.00

Enclosed is a check in the amount of \$ 672.00. Please charge any and all deficiencies to Deposit Account No. 50-1302. An additional copy of this transmittal sheet is submitted herewith.

The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 50-1302, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

HICKMAN PALERMO TRUONG & BECKER LLP



David Lewis  
Agent of Record  
Registration No. 33,101

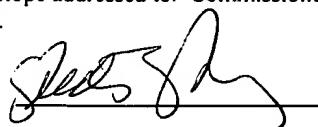
1600 Willow Street  
San Jose, CA 95125  
(408) 414-1080 DL:ss  
**Date: April 20, 2004**  
Facsimile: (408) 414-1076

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

on April 20, 2004

by





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# AMENDMENT FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.  
 Small Entity payments must be supported by a small entity statement,  
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
 See 37 C.F.R. §§ 1.27 AND 1.28

TOTAL AMOUNT OF PAYMENT (\$ 672.00)

Complete if Known

Application Number	09/655,295
Filing Date	September 5, 2000
First Named Inventor	David CHERITON
Examiner Name	L. Baranyai
Group/Art Unit	2665

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## METHOD OF PAYMENT (check one)

1.  Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.

Deposit Account Number 50-1302

Deposit Account Name Hickman Palermo Truong &amp; Becker, LLP

2.  Payment Enclosed: Check     Money Order     Other3.  Applicant(s) is entitled to small entity status.  
See 37 CFR 1.27.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385 Utility filing fee
1002	340	2002	170 Design filing fee
1003	530	2003	265 Plant filing fee
1004	770	2004	385 Reissue filing fee
1005	160	2005	80 Provisional filing fee
<b>SUBTOTAL (1)</b>			<b>(\$ 0.00)</b>

## 2. EXTRA CLAIM FEES

Total Claims	Highest Paid Claims	Extra Claims	Fee from Below	Fee Paid
39	-26=	13	X 18.00	= 234.00
6	- 3**=	3	X 86.00	= 258.00

## Multiple Dependent

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 **Reissue independent claims over original patent
1205	18	2205 9 **Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$ 492.00)</b>

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202	18	2202 9 Claims in excess of 20	
1201	86	2201 43 Independent claims in excess of 3	
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1204	86	2204 43 **Reissue independent claims over original patent	
1205	18	2205 9 **Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>(\$ 492.00)</b>
*Reduced by Basic Filing Fee Paid			<b>SUBTOTAL (3)</b>
(\$ 180.00)			

## SUBMITTED BY

Name (Print/Type)	David Lewis	Registration No. (Attorney/Agent)	33,101	Telephone	(408) 414-1080
Signature				Date	April 15, 2004

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